

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y					
1	Unified Rate Review v2.0.3																													
2																														
3	Company Legal Name:		Golden Rule Insurance Company										State:		KY															
4	HIOS Issuer ID:		47949										Market:		Individual															
5	Effective Date of Rate Change(s): 1/1/2016																													
6																														
7																														
8	Market Level Calculations (Same for all Plans)																													
9																														
10																														
11	Section I: Experience period data																													
12	Experience Period:		1/1/2014		to		12/31/2014																							
13			Experience Period																											
14			Aggregate Amount		PMPM		% of Prem																							
15	Premiums (net of MLR Rebate) in Experience Period:		\$4,362,697		\$185.74		100.00%																							
16	Incurred Claims in Experience Period		\$3,636,785		154.84		83.36%																							
17	Allowed Claims:		\$5,608,918		238.80		128.57%																							
18	Index Rate of Experience Period				\$0.00																									
19	Experience Period Member Months		23,488																											
20	Section II: Allowed Claims, PMPM basis																													
21			Experience Period		Projection Period:		1/1/2016		to		12/31/2016		Mid-point to Mid-point, Experience to Projection:										24		months					
22			on Actual Experience Allowed		Adj't. from Experience		Annualized Trend		to Projection Period		Factors		Projections, before credibility Adjustment					Credibility Manual												
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Days		105.25		\$ 5,642.41		\$49.49		1.000		1.000		1.000		1.000		105.25		\$5,642.41		\$49.49		155.01		\$ 5,052.87		\$65.27	
25	Outpatient Hospital		Services		1,238.43		784.30		80.94		1.000		1.000		1.000		1.000		1,238.43		784.30		80.94		1798.49		842.11		126.21	
26	Professional		Services		11,107.14		86.05		79.65		1.000		1.000		1.000		1.000		11,107.14		86.05		79.65		13793.36		94.86		109.04	
27	Other Medical		Services		226.74		263.88		4.99		1.000		1.000		1.000		1.000		226.74		263.88		4.99		393.76		241.08		7.91	
28	Capitation		Benefit Period		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		0.00		0.00		0.00		0.00		0.00	
29	Prescription Drug		Prescriptions		4,997.72		56.98		23.73		1.000		1.000		1.000		1.000		4,997.72		56.98		23.73		5889.94		69.67		34.20	
30	Total								\$238.80																\$238.80				\$342.63	
31																														
32	Section III: Projected Experience:		Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%					100.00%					After Credibility		Projected Period Totals					
33			Paid to Allowed Average Factor in Projection Period															0.675												
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM															231.20							\$2,441,475					
35			Projected Risk Adjustments PMPM															-0.15							(1,540)					
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM															231.35							\$2,443,015					
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM															12.03							127,034					
38			Projected Incurred Claims															219.32							\$2,315,980					
39			Administrative Expense Load															13.15%							38.15					
40			Profit & Risk Load															4.00%							11.60					
41			Taxes & Fees															7.24%							20.99					
42			Single Risk Pool Gross Premium Avg. Rate, PMPM															290.06							\$3,063,066					
43			Index Rate for Projection Period															342.29												
44			% increase over Experience Period															56.16%												
45			% Increase, annualized:															24.97%												
46			Projected Member Months																						10,560					
47																														
48																														
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																													
50																														

Product-Plan Data Collection

Company Legal Name: **Golden Rule Insurance Company**
 HIOS Issuer ID: **47949**
 Effective Date of Rate Change(s): **1/1/2016**

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Gen 31 47949KY020			Gens 21-22 47949KY002
Product ID:					
Metal:		Silver	Silver	Bronze	Catastrophic
AV Metal Value		0.687	0.681	0.601	0.000
AV Pricing Value		0.891	0.918	0.778	0.000
Plan Type:		PPO	PPO	PPO	EPO
Plan Name		Silver HSA 100	Silver Copay Select 1	Bronze HSA 100	2014 Experience
Plan ID (Standard Component ID):		47949KY0200001	47949KY0200002	47949KY0200003	47949KY0020001
Exchange Plan?		No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%			0.00%
Historical Rate Increase - Calendar Year - 1		0.00%			0.00%
Historical Rate Increase - Calendar Year 0		0.00%			0.00%
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		9.95%	10.34%	15.75%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		9.95%	10.34%	15.75%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	-100.00%
Product Threshold Rate Increase %		11.46%			#DIV/0!

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0020001
Inpatient	\$0.00	\$5.13	\$5.47	\$6.72	\$0.00
Outpatient	\$0.00	\$9.92	\$10.58	\$12.99	\$0.00
Professional	\$0.00	\$8.57	\$9.14	\$11.22	\$0.00
Prescription Drug	\$0.00	\$2.69	\$2.87	\$3.52	\$0.00
Other	\$0.00	\$0.62	\$0.66	\$0.81	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	-\$13.31	-\$13.67	-\$11.05	\$0.00
Taxes & Fees	\$0.00	\$4.35	\$4.46	\$3.66	\$0.00
Risk & Profit Charge	\$0.00	\$8.86	\$9.10	\$7.36	\$0.00
Total Rate Increase	\$0.00	\$26.82	\$28.61	\$35.22	\$0.00
Member Cost Share Increase	\$0.00	-\$0.16	-\$3.73	-\$7.25	\$0.00

Average Current Rate PMPM	\$260.22	\$269.46	\$276.73	\$223.70	\$0.00
Projected Member Months	10,560	3,227	4,488	2,845	0

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0020001
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Plan Adjusted Index Rate	\$185.74	\$0.00	\$0.00	\$0.00	\$185.74
Member Months	23,488	0	0	0	23,488
Total Premium (TP)	\$4,362,697	\$0	\$0	\$0	\$4,362,697
EHB Percent of TP, [see instructions]	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$5,608,918	\$0	\$0	\$0	\$5,608,918
EHB Percent of TAC, [see instructions]	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$1,972,133	\$0	\$0	\$0	\$1,972,133
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%				
Total Incurred claims, payable with issuer funds	\$3,636,785	\$0	\$0	\$0	\$3,636,785
Net Amt of Rein	-\$5.25	\$0.00	\$0.00	\$0.00	-\$5.25
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	\$154.84	#DIV/0!	#DIV/0!	#DIV/0!	\$154.84
Allowed Claims PMPM	\$238.80	#DIV/0!	#DIV/0!	#DIV/0!	\$238.80
EHB portion of Allowed Claims, PMPM	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00

ation IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	47949KY0200001	47949KY0200002	47949KY0200003	47949KY0020001
Plan Adjusted Index Rate	\$288.05	\$294.22	\$303.21	\$257.12	\$0.00
Member Months	10,560	3,227	4,488	2,845	-
Total Premium (TP)	\$3,041,773	\$949,461	\$1,360,807	\$731,506	\$0
EHB Percent of TP, [see instructions]	99.90%	99.90%	99.90%	99.90%	0.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.10%	0.10%	0.10%	0.10%	100.00%
Total Allowed Claims (TAC)	\$3,618,154	\$1,105,661	\$1,537,715	\$974,777	\$0
EHB Percent of TAC, [see instructions]	99.90%	99.90%	99.90%	99.90%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.10%	0.10%	0.10%	0.10%	100.00%
Allowed Claims which are not the issuer's obligation	\$1,302,174	\$381,928	\$498,801	\$421,445	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0				
Portion of above payable by HHS on behalf of insured person, as %	0.00%				
Total Incurred claims, payable with issuer funds	\$2,315,980	\$723,734	\$1,038,914	\$553,332	\$0
Net Amt of Rein	\$127,034	\$38,820	\$53,990	\$34,225	\$0
Net Amt of Risk Adj	-\$1,540	-\$471	-\$655	-\$415	\$0

State: **KY**
Market: **Individual**



